

## MEDICAL BOARD OF CALIFORNIA BOARD OF PODIATRIC MEDICINE 1420 HOWE AVENUE, SUITE 8 SACRAMENTO, CA 95825-3229



PHONE: (916) 263-2647 FAX: (916) 263-2651

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## ENDORSEMENT BY THE NATIONAL BOARD OF PODIATRIC MEDICAL EXAMINERS

TO BE COMPLETED BY APPLICANT: (Please type or print neatly.)

1. Name:	(last)	(first)	(middle)
2. Current Address: number and street/rural route (include apt. no., if any)			
City		State Zip Code	
3. Date of birth: mm/dd/yy			4. Social Security Number:
5. Daytime	Phone Num	ber:	6. Date DPM Degree Conferred: mm/dd/yy
Area Cod	e: ( )		

Note to applicant: Send this form with a check in the amount of \$35.00 to:

THE CHAUNCEY GROUP INTERNATIONAL /
NATIONAL BOARD OF PODIATRIC MEDICAL EXAMINERS
664 ROSEDALE ROAD
PRINCETON, NJ 08540-2218
(609) 720-6599

To Be Completed By National Board Of Podiatric Medical Examiners:

Please provide signed score reports with seal imprints on the above-noted applicant to the California Board of Podiatric Medicine. Please staple this Form **P6** to the score reports and mail the items directly to:

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